

Fill in this information to identify the case:

Debtor 1 ALTHEIA HUGGINS

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of MISSISSIPPI
(State)

Case number 15-11839

Official Form 410S2

Notice of Postpetition Mortgage Fees, Expenses, and Charges 12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: Vanderbilt Mortgage and Finance, Inc.

Court claim no. (if known): _____

Last 4 digits of any number you use to identify the debtor's account: 0 1 3 5

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

☒ No

☐ Yes. Date of the last notice: ____/____/____

Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates Incurred	Amount
1. Late charges	_____	(1) \$ _____
2. Non-sufficient funds (NSF) fees	_____	(2) \$ _____
3. Attorney fees	_____	(3) \$ _____
4. Filing fees and court costs	_____	(4) \$ _____
5. Bankruptcy/Proof of claim fees	_____	(5) \$ _____
6. Appraisal/Broker's price opinion fees	_____	(6) \$ _____
7. Property inspection fees	_____	(7) \$ _____
8. Tax advances (non-escrow)	<u>01/30/2017</u>	(8) \$ <u>1,159.00</u>
9. Insurance advances (non-escrow)	_____	(9) \$ _____
10. Property preservation expenses. Specify: _____	_____	(10) \$ _____
11. Other. Specify: _____	_____	(11) \$ _____
12. Other. Specify: _____	_____	(12) \$ _____
13. Other. Specify: _____	_____	(13) \$ _____
14. Other. Specify: _____	_____	(14) \$ _____

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1

ALTHEIA HUGGINS

First Name Middle Name Last Name

Case number (if known) 15-11839

Part 2: Sign Here


The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

☒ I am the creditor.

☐ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

 Date 02 / 03 / 2017

Print: Ryan Dick Morris Title Bankruptcy Specialist
First Name Middle Name Last Name

Company Vanderbilt Mortgage and Finance, Inc.

Address 500 Alcoa Trail
Number Street
Maryville TN 37804
City State ZIP Code

Contact phone (865) 380 - 3000

Email Ryan.Morris@VMF.COM

// CLO

RENEWAL

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AMERICAN FAMILY HOME INSURANCE COMPANY

Insured Name:
ALTHEIA HUGGINS
Date Prepared: January 20, 2017
POLICY NUMBER:

AGENT 052091:
HARDIN COUNTY BANK INS AGCY INC
PO BOX 1507
SAVANNAH TN 38372

Policy Renewal Date:
FEB 27, 2017 to FEB 27, 2018

VANDERBILT MORTGAGE
P O BOX 9800
MARYVILLE TN 37802

Dear Business Partner,

You are listed as the Lienholder of record on the enclosed MANUFACTURED HOME insurance policy. The premium for this policy is \$1,159.00. Our mutual customer has asked that we forward the premium notice to you for payment. Please use the payment coupon and envelope provided to send payment by February 27, 2017.

Very truly yours,

President



When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

** Payments can be made by check or credit card at amig.com, by mail, or by calling our automated system at 1-800-543-2644.**

Policyholder:

ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-6232

Policy Number:

Payment Due Date:	02/27/2017
Minimum Amount Due (including charges):	\$1,159.00
OR	
To Pay in Full:	\$1,159.00

Please indicate any address/phone number changes below:

☐ Named Insured Mailing Address ☐ Risk Location

New Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: (____) _____ Work Phone: (____) _____

E-Mail: _____

Please make checks payable to:

AMERICAN FAMILY HOME INSURANCE COMPANY

☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card Number: _____

Exp. Date (MM/YY): ____ / ____

Amount to be Charged: \$ _____

Signature: _____

07000460644541 001159007 001159007 6644970227



RENEWAL
AMERICAN FAMILY HOME INSURANCE COMPANY

DECLARATION PAGE

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MANUFACTURED HOMEOWNER'S POLICY DECLARATIONS POLICY NUMBER:

NAMED INSURED:
ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-6232

AGENT 052091:
HARDIN COUNTY BANK INS AGCY INC
PO BOX 1507
SAVANNAH TN 38372
PHONE: (731)926-1200

MAIL TO:
VANDERBILT MORTGAGE
P O BOX 9800
MARYVILLE TN 37802

BROKER :
NONE

INSURED PROPERTY:
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS MS 38635-6232

POLICY PERIOD:
FROM: FEB 27, 2017 **TO:** FEB 27, 2018
12:01 A.M. STANDARD TIME
AT INSURED PROPERTY ADDRESS

LIENHOLDER 1:
VANDERBILT MORTGAGE
P O BOX 9800
MARYVILLE TN 37802

UNIT	USE	MAKE	SERIAL NUMBER	LENGTH	WIDTH	YEAR
1	RESIDENTIAL	CLAYTON/RIVERVIEW	CLS106018TN	80	16	2007

THIS POLICY PROVIDES ONLY THE FOLLOWING COVERAGES FOR THIS UNIT:

SECTION	ITEM	COVERAGE	LIMIT	PREMIUM
1	DWELLING	COMPREHENSIVE-REPLACEMENT COST*	\$42,000	\$837.00
1	DWELLING	ADDITIONAL LIVING EXPENSE	SEE FORM	
1	SECTION 1	COMBINED SECTION 1 MOLD LIMIT	\$3,500	
1	PERS PROP	PERSONAL PROPERTY	\$21,000	\$210.00
2	PERS LIAB	PERSONAL LIABILITY - PER OCC.	\$50,000	
2	PERS LIAB	MEDICAL PAYMENTS - PER PERSON	\$500	
2	PERS LIAB	MEDICAL PAYMENTS - PER ACCIDENT	\$25,000	\$35.00
2	PERS LIAB	DAMAGE TO PROPERTY OF OTHERS	\$500	
2	PERS LIAB	ANIMAL LIABILITY	\$10,000	
2	PERS LIAB	MOLD COVERAGE \$25,000 - INCLUDED		SEE FORM
2	PERS LIAB	HOME DAY CARE EXCLUSION		
1	DEDUCTIBLE	ALL OTHER PERILS	\$250	
1	DWELLING	FLOOD - ALL NFIP ZONES COVERED	SEE FORM	\$25.00
1	DWELLING	EARTHQUAKE	SEE FORM	\$25.00
1	DEDUCTIBLE	EARTHQUAKE	SEE FORM	\$27.00
	DISCOUNT	20% CLAIM FREE DISCOUNT APPLIED		

MINIMUM WRITTEN AND/OR EARNED MAY APPLY TOTAL PREMIUM \$1,159.00

*SUBJECT TO CERTAIN LIMITATIONS AND EXCLUSIONS.

(CONTINUED ON REVERSE SIDE)

ENDORSEMENT FORMS APPLICABLE TO THIS POLICY

M7000	04/13; IN150	06/12; IN265	08/13; MHN34	04/04; MHN60	04/04;
71975	10/08; 73386	01/04; M7300	01/04; M7523	05/05; M7A23	11/08;
M7DR0	08/09; M7M23	06/08; M7T00	05/04; MHF00	08/08; MHN97	11/13;

BILL TO LIENHOLDER
DATE PREPARED: JAN 20, 2017
FORM NO. 0110-4269 (05/92)

LIENHOLDER'S COPY

INSURED NAME: ALTHEIA HUGGINS

POLICY NUMBER:

IF YOU CANCEL THIS POLICY EARLY, A MINIMUM EARNED PREMIUM OF \$50 MAY APPLY.

"IMPORTANT NOTICE: THIS INSURANCE POLICY CONTAINS A LIMITATION OF COVERAGE FOR LOSS CAUSED BY MOLD. IT ONLY PROVIDES \$3,500 OF SECTION 1 MOLD AND REMEDIATION COVERAGE. IF YOU BOUGHT SECTION 2 LIABILITY INSURANCE, IT ONLY PROVIDES \$25,000 MOLD AND REMEDIATION COVERAGE UNLESS YOU INCREASED THIS LIMIT. IF YOU WANT TO INCREASE THESE LIMITS YOU MUST CONTACT YOUR AGENT. PLEASE READ THE POLICY CAREFULLY TO MAKE SURE IT MEETS YOUR NEEDS."

*REPLACEMENT COST LOSS SETTLEMENT SUBJECT TO THE DWELLING LIMIT.

ADDITIONAL INSURED:
NONE

LIENHOLDER 2:
NONE

PLEASE REVIEW THE INFORMATION CONTAINED IN THIS POLICY
IF ANY INFORMATION IS INCORRECT, PLEASE CONTACT CUSTOMER SERVICE:

AMERICAN FAMILY HOME INSURANCE COMPANY
(800) 543-2644

CLAIMS TELEPHONE NUMBER: 1-800-543-2644
HOURS: 8:00 A.M. - 7:00 P.M. EST/EDT

AMERICAN MODERN INSURANCE GROUP
P.O. BOX 5323
CINCINNATI, OHIO 45201-5323



CERTIFICATE OF SERVICE

February 3, 2017

I, Ryan Morris, of Vanderbilt Mortgage and Finance, Inc., do hereby certify that I have this date provided a copy of the foregoing Notice of Postpetition Mortgage Fees, Expenses and Charges either by electronic case filing or by United States mail postage pre-paid to the following:

ALTHEIA HUGGINS
489 LITTLE SNOW CREEK RD
HOLLY SPRINGS, MS 38635 -6232,
Debtor

KAREN B SCHNELLER
Attorney for the Debtor
Notified by Electronic Case Filing

LOCKE D BARKLEY
Chapter 13 Trustee
Notified by Electronic Case Filing

/s/Ryan Morris



Vanderbilt Mortgage and Finance, Inc.

PO Box 9800, Maryville, TN 37802 • 500 Alcoa Trail, Maryville, TN 37804 • www.vmf.com
Phone: 865.380.3000 • Fax: 865.380.3750 • Toll Free: 800.970.7250 • Federal Tax ID#: 62-0997810

